Office of the United States Trustee

In re:		Debtor In Possession Operating Report
aka		Report Number:
		For the period-
	Debtor	FROM:
Chapter 11 Case No:		TO:

1. Profit and Loss Statement (Accrual Basis Only)

A. Related in Business Operations:			
	INCOME		
Gross Sales			
(Sales Returns and Discounts)			
Net Sales			
Beginning Inventory at Cost			
Add: Purchases			
Less: Ending Inventory at Cost			
Cost of Goods Sold		1	
Gross Profit			
Other Operating Revenues - Rentals			
Total Income			
Total moonic	EXPENSES		
Officer Compensation	LAI LINOLO		
Salaries and Wages - Other Employees			
Employee Benefits and Pensions			
Total Employee wages, benefits, and pensions			
Payroll Taxes			
Real Estate Taxes			
Federal and State Income Taxes			
Total Taxes		1	
Rent and Lease Exp. (Real and Personal Property)			
Interest Expense (Mortgage, Loan, etc.)			
Insurance			
Automobile Expense			
Utilities (Gas. Electricity, Water, Telephone, etc.)			
Depreciation and Amortization			
Repairs and Maintenance			
Advertising			
Supplies, Office Expenses, Photocopies, etc.			
Bad Debts			
Miscellaneous Operating Expenses (See Attached)			
Total other operating costs & Expenses			
Total Operating Expenses			
Net Gain/Loss from Business Operations			
B. Not Related to Business Operations:			
	INCOME		
Interest Income			
Other Non-Operating Revenues (Specify)			
Gross Proceeds on Sale of Assets			
Less: Original Cost of Assets plus Expenses of Sale			
Net Gain/Loss on Sale of Assets			_
Total Non-Operating Income	•		
	EXPENSES	-	=
Legal and Professional Fees (Specify)			
Other Non-Operating Expenses (Specify)			
Total Non-Operating Expenses			
Net Gain/Loss Not from Business Operations			
NET INCOME / LOSS FOR PERIOD			

2. Aging of Accounts Payable and Accounts Receivable* *exclude pre-petition accounts payable

exerciace pro polition acces	/	
		Accounts
	Accounts Payable	Receivable
Current - Under 30 Days		
Overdue - 31 - 60 Days		
Overdue - 61 - 90 Days		
Overdue - 91 - 120 Days		
Overdue - Over 121 Days		
TOTAL	-	-

3. Statement of Status of Payments to Secured Creditors and Lessors:

				Post-Petition Pay	ments Not Made*
	Frequency of				
	Payments per				
	Contract/Lease	Amount of Each			
Creditor/Lessor	(I.e. mo/qtr)	Payment	Next Payment Due	Number	Amount

* Explanation for Non-Payment:	

4. Tax Liability:

Gross Payroll Expense for Period: Gross Sales Subject to Sales Tax for Period:

			Post-Petition
Type of Tax	Date Paid	Amount Paid*	Taxes Still Owing
Federal Payroll and Withholding Taxes			
State Payroll and Withholding Taxes			
State Sales and Use Taxes			
Real Property Taxes			

^{*} Attach photoopies of depository receipts from taxing authorities or financial institutions to verify that such deposits or payments have been made.

5.Insurance Coverage:

Carrier/Agent	Amount Of	Policy Expiration	Premium Paid
Name	Coverge	Date	Through Date
	Name	Name Coverge	Name Coverge Date

Please see attachment for insurance coverage

6. Questio	ns:					
	otor in Possession provid the Office of the United YES (Explain:) NO		officers, directors, s	shareholders, or other princ	cipals without	
	in Possession, subsequence been authorized by the Garage (Explain:) NO		tion, made any pay	ments on its pre-petition u	nsecured debt	
7. Stateme	ent of Unpaid Prof	fessional Fees (Po	ost-Petition Ar	mounts only).		
		Name of Prof	essional	Type of Professional (Attorney, accountant, etc.)	Total Post-Petition Amount Unpaid	
				ents out of the Ordir g the operation of the chap		
	be paid to the United Sta	ates Trustee every calend	dar quarter			
Quarterly Period Ending	Total Disbursements for Quarter	Quarterly Fee	Date Paid	Amount Paid	Check Number	Quarterly Fee Still Owing
I, (Name/Title:) that the informa	tion contained in the abo	ove Debtor in Possession	Operating Report	is true and complete to the	,declare under penalty best of my knowledge	of perjury
Dated:						
				Debtor In Possession or	Trustoo	
				DEDIOL III E022622[0][0]	HUSIEE	

Title

In re: aka

Debtor In Possession Operating Report Report Number:

		Amount Of	Policy Expiration	Premium Paid Through
Type of Insurance	Carrier/Agent Name	Coverge	Date	Date
Workers' Compensation				
California				
Other				
Liability				
Fire				
Property				
Real Property				
Theft				
Life (list beneficiary)				
Vehicle				
California				
Other				
Other (specify)				

aka	Report Number:
Miscellaneous Operating Expenses	
Total Miscellaneous Operating Expenses	
	_
Legal and Professional Fees	
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Total Legal and Professional Fees	
Other Non-Operating Expenses	
Total Other Non-Operating Expenses	

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